EXHIBIT C

Form B10 (Official Form 10)(10/05)						
United States Bank	DDOOF OF OLAIRA					
Name of Debtor USA C COMPANY	COMMERCIAL MORTGAGE	Case Number		PROOF OF CLAIM		
	not be used to make a claim for an admin					
	ment of an administrative expense may be			-		
	person or other entity to whom the		if you are aware that anyone	E-FILED		
debtor owes money or p	roperty)		ed a proof of claim relating to Attach copy of statement			
RAINS PROPERTIES,		giving parti	culars			
Name & address where			if you have never received any			
DONNA M OSBC		notices from	n the bankruptcy court in this			
Marquis & Aurbacl		case				
10001 Park Run Dr	rive	☑ Check box:	if the address differs from the			
Las Vegas, NV 891	145	address on	the envelope sent to you by the			
Telephone number	(702)382-0711	court		THIS SPACE IS FOR COURT USE ONLY		
	er by which creditor identifies	Check here] replaces			
debtor				ted		
2761/PLACER VINEY	ARDS					
1 BASIS FOR C	LAIM	☐ Retiree ben	efits as defined in 11 USC § 1114(a	a)		
☐ Goods sold			ries and compensation (fill out below			
Services performe	ed		t four digits of your SS #	•		
		Ung	oaid compensation for services perfor	med		
Personal injury/w	rongful death	•	-			
☐ Taxes		fron	nto(date)			
☐ Other			(date) (date)			
2 Date debt was incu	rred		3 If court judgment, date obtain	led		
12/15/04	aim Check the appropriate box or bo	was that hast desarth	a your claim and state the amount of	the claim of the time once filed		
	side for important explanations	oxes that best describ	e your claim and state me amount or	uie Claim at the time case fried		
Unsecured Nonpriorit	y Claim \$		Secured Claim			
☐ Check this box if a) there is no collateral or lien securing	vour claim, or b)	Check this box if your claim is:	secured by collateral (including		
	value of the property securing it, or if		a right of setoff)			
part of your claim is ent		•	D-61	L-a		
Unsecured Priority Cl			Brief description of coll			
	ou have an unsecured claim, all or pa	rt of which is	X Real Estate □ N	flotor Vehicle □ Other		
entitled to priority			Value of collateral \$ <u>Ur</u>	<u>known</u>		
Amount entitled to prior	rity \$		Amount of arrearage and other cha	rges at time case filed included in secured		
Į.			claim, if any \$350,000 00			
Specify the priority of	the claim		Up to \$2,225* of deposits to	ward purchase, lease or rental of property or household use- 11 U S C § 507(a)(7)		
☐ Domestic support	obligations under 11 U S C § 507(a	a)(1)(A) or	or services for personar, failing o	i nodsenoid dse-11 0 3 C g 307(a)(1)		
(a)(1)(B)			☐ Taxes or penalties owed to g	overnmental units 11 U S C § 507(a)(8)		
☐ Wages salaries o	er commissions (up to \$10,000),* ear	rned within 180	Other Specify applicable no	ragraph of 11 U S C § 507(a)()		
days before filing of th	ne bankruptcy petition or cessation of					
business, whichever is	earlier - 11 U S C § 507(a)(4)			on 4/1/07 and every three years thereafter with		
Contributions to a	n employee benefit plan - 11 U S C	§ 507(a)(5)	respect to cases commenced on or aft	ы ть ше у шуштен		
	laim at Time Case Filed	\$	\$350,000 00	\$ \$350,000 00		
		(unsecured)	(secured)	(priority) (total)		
	claim includes interest or other cha	rges in addition to t	he principle amount of the claim	Attach itemized statement of all interest or		
additional charges	4-6-11	1. 1.1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
making this proof of c	int of all payments on this claim has	been credited and o	leducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY		
orders invoices itemi	nents Attach copies of supporting of zed statements of running accounts,	contracts, such as	promissory notes purchase	ED MAN A PLACE		
agreements and evide	nce of perfection of her DO NOT	SEND ODICINIAT	DOCIMENTS 1644	ILED NOV 07 2006		
agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary						
8 Date-Stamped copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-						
addressed envelope and a copy of this proof of claim						
Date Sign and print the name and title, if any, of the creditor or other person authorized to file						
this claim (attach copy of power of attorney if any)						
11-7-06	NUM USE	Donna M O	sborn Esq	USA CMC		
Penalty	for presenting fraudulent claim Fine	of up to \$500,000 or	imprisonment for up to 5 years, or bo	oth 18 1072500709		

TINITED STATES BANKRUPTEY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	Placen Viny Ands
Name of Debtor Ca	ase Number	First Trust DEEd
USA COMMERCIAL MORTGAGE CO	06-10925-LBR	INVESTMENT ON
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensions after the commencement of the case A "request" for payment of a administrative expense may be filed pursuant to 11 U S C § 503		12 PLACER County. Amout/CLASSification
Name of Creditor and Address	statement giving particulars	#Spoon - Seine
CECIL E RIORDAN & BARBARA RIORD 2370 OVERLOCK CT RENO, NV 89509	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	#50,000 - SECURED 7,069,30 - UNSECURED DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the
	envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (775) 828-2903	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies deb	tor Check here replace or f this claim amen	a previously filed claim dated
1 BASIS FOR CLAIM	etiree benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	ages salaries and compensation (f	
Congon performed Toyon	ast four digits of your SS #	(not for loan balances)
	npaid compensation for services per	formed from to (date)
2. DATE DEBT WAS INCURRED 11-10-05	3 IF COURT JUDGMENT, DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that been See reverse side for important explanations	st describe your claim and state the amou	nt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your centitled to priority	a nght of setoff)	ur claim is secured by collateral (including
UNSECURED PRIORITY CLAIM	Brief description of	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Value of Collateral	_
Amount entitled to priority \$ 7,069.30	Amount of arrearage an	\$ 33,830,000,0 \(\) d other charges at time case filed included in
Specify the priority of the claim	secured claim if any	7,869.30
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		rd purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		household use -11 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)		ernmental units 11 U S C § 507(a)(8) graph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjust	ment on 4/1/07 and every 3 years thereafter sed on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	50,000.00\$ 7	1069,30\$ 57,069.30
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the pi	(secured)	(priority) (Total)
6 CREDITS The amount of all payments on this claim has been credited 7 SUPPORTING DOCUMENTS Attach copies of supporting documents	d and deducted for the purpose of mants, such as promissory notes purc	aking this proof of claim
running accounts contracts court judgments mortgages security agre DOCUMENTS If the documents are not available explain. If the docu	ements and evidence of perfection iments are voluminous attach a sum	of lien DO NOT SEND ORIGINAL imary
8 DATE-STAMPED COPY To receive an acknowledgment of the fili proof of claim	· · ·	
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pr for each person or entity (including individuals, partnerships, corp governmental units)	evailing Pacific time, on Novembe	r 13, 2006 USE ONLY
BY MAIL TO BY	HAND OR OVERNIGHT DELIVERY TO	
Attn USACM Claims Docketing Center Attn	n USACM Claims Docketing Center	FIL E D JAN 1 0 2007
	30 East Franklin Avenue Segundo CA 90245	
DATE SIGN and print the name and title if any of the cre	editor or other person authorized to file	
this claim (attach copy of power of attorney	if any) . RIORDAN Q	usa cmc
		1079501913

Penalty for presenting fraudulent claye is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. \$\$ 152 AND 3571

ANDRIA KIONAM BARBARA PIORDAN

Case 06-10725-gwz Doc 8443		tered 06/13/11 15:5	3:11 Page 4 of 1	L2
2 UNITED STATES BANKRUPTCY COURT: DISTRICT OF NEVADA	PRO	OOF OF CLAIM	YOUR CLAIM IS S	CHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claim ID s31463	
	}		Amount/Classification	
USA Commercial Mortgage Company	00-10	725-LBR	\$ 15-958-30 Unaccu red	_
NOTE See Reverse for List of Debtors and Case Numbers	<u></u>		PLACER VII	VEHICOS
This form should not be used to make a claim for an administrative ex	xpense	Check box if you are	21	
arising after the commencement of the case A "request for paymen administrative expense may be filed pursuant to 11 U S C § 503		aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	The amounts reflected above or scheduled by the Debtor or pure	
THE RUEGG LIVING TRUST	0000841	Check box if you have	you agree with the amounts set other claim against the Debtor this proof of claim EXCEPT as	you do not need to file
DATED 11/28/94 C/O FRANK CHARLES RUEGG JR		never received any notices from the bankruptcy court or	If the amounts shown above	
& MARGARET S RUEGG TTEES 107 NAVIGATOR LN		BMC Group in this case	Unfiquidated or Disputed, a p	roof of claim must be
FRIDAY HARBOR, WA 98250-6017		Check box if this address differs from the address on the	If you have already filed a p	roof of claim with the
		envelope sent to you by the	Bankruptcy Court or BMC you	_
Creditor Telephone Number (36) - 378-5679	n debto-	court	THIS SPACE IS FOR	COURT USE ONLY
Last four digits of account or other number by which creditor identifies	s deptor	Check here replace	a previously filed claim	dated
3277 (CUST.# 2050/232		If this claim amer	ds	
1 BASIS FOR CLAIM		benefits as defined in 11 U S	C § 1114(a)	mitted principal
Goods sold Personal injury/wrongful death] Wages	salaries, and compensation	fill out below)	r claims against servicer for loan balances)
Services performed Taxes		r digits of your SS #	` '	ioi ioan balances)
Money loaned	Unpaid	compensation for services pe		to
2 DATE DEBT WAS INCURRED 4-15-208	3 IF C	OURT JUDGMENT, DATE O	(date)	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				iled
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			our claim is secured by colfa	ateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo		a right of setoff)	•	
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	ļ
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	ther
entitled to priority		Value of Collateral	\$ 50.000	.00
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage a secured claim if any	nd other charges at time ca	se filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	rd purchase lease or rental of	property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	· –	services for personal family of	r household use 11 USC § 50	07(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Ļ	7	vernmental units 11 U S C § 5	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L		agraph of 11 U S C	
			ced on or after the date of adjus	tment
5 TOTAL AMOUNT OF CLAIM \$ \$	75,0	80.00 \$	\$ 7 5	100.00
(unsecured)	,	secured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim Attach ite	mized statement of all interest	t or additional charges
6 CREDITS The amount of all payments on this claim has been cr				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments mortgages security	<i>cuments</i> , s	uch as promissory notes pur	chase orders, invoices item	nized statements of
DOCUMENTS If the documents are not available explain. If the				ZENGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of t			-	and copy of this
proof of claim				
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships	m, prevaili	ng Pacific time, on Novemi	per 13, 2006	SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO		s. & & & &
BMC Group Attn USACM Claims Docketing Center	BMC Gro		EII FN	OCT 1 0 2006
P O Box 911	1330 Eas	t Franklin Avenue	" FILL	× 400
El Segundo, CA 90245 0911		do CA 90245		
DATE SIGN appoint the name and title if any of the sign (attach popy of power of attor	rie creditor or rnev, if any)	ouner person authorized to file		1104 0140
10/4/16 Shall for "	LAN	Kursa	1/11/1	USA CM¢
Penalty for presenting fraudulept daim is a fine of up to \$600,000 or imprisonme	ent for no to 5	vears or both 18USC §8.15	2.4ND 3 <u>571</u>	1072500538
THE:	Loca	GLIUMS TE	155	
	/			T.

Case 06-10/25-047-0-100c 844	<u>7 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6</u>		2:11 126	1 <u>0 5 0† 12</u>
UNITED STATES SARRRUSTON COURTS DISTRICTOS NEVADA	PRO	OF OF CLAIM	†ag e 100	183 01 12
Name of Debtor:	Case Nu	mber:		
USA Commercial Mortgage Company	06-107	725-LBR		
OSA Commercial mortgage Company	00-107	20 251		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative earising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.		BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
11321242038	412			INCLUDES MONEY FROM THAT
RUSSELL JR, FRANK		Check box if you have never received any notices		
3314 PACES FERRY ROAD SE ATLANTA GA 30339		from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
ATENTA OA 50000		Check box if this address	ONE OF THE DE	
		differs from the address on the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (107 438 - 9307		envelope sent to you by the court.	1 ' '	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifie	es debtor:	Check here replac	Ces	
		if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree b	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death ☐ Taxes		salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #:		(not to roun fundings)
The fuel fuel fuel fuel fuel fuel fuel fue	Unpaid C Z + coop	compensation for services pe	romed from:	(date) to (date)
2. DATE DEBT WAS INCURRED: Dec. 29.2004	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes				the time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or	h) your claim	Check this box if you	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part or		a right of setoff).		
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of	_	_
Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority.		Value of Collateral		500,000
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any:	nd other charges	at time case filed included in
Specify the priority of the claim:		secured claim, if arry.	4	Add to the total and the total
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B	٠ ـ	Up to \$2,225* of deposits towas services for personal, family, or		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's	ays	Taxes or penalties owed to go		• (,,,,
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable part	agraph of 11 U.S.C	s. § 507(a) ().
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$	109	687.51 \$	ioda on or alter the	\$ 109,687.51
AT TIME CASE FILED: (unsecured)	_	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to	o the principal	amount of the claim. Attach ite	mized statement of	of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been of			• .	
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting de</u> running accounts, contracts, court judgments, mortgages, securil DOCUMENTS. If the documents are not available, explain. If the	ty agreement	s, and evidence of perfection	of lien. DO NO	oices, itemized statements of T SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of proof of claim.			•	d envelope and copy of this
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5:00 p for each person or entity (including individuals, partnerships governmental units).	pm, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO):	
Attn: USACM Claims Docketing Center	Attn: USA	ACM Claims Docketing Cente	er	
P. O. Box 911 El Segundo, CA 90245-0911		t Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title, if any, o	of the creditor o	r other person authorized to file	• • • • • • • • • • • • • • • • • • • •	
this claim (attach copy of power of at	ttorney, if any):	FRANK RUS	SELL. JA	

C260 06 10 / 25 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19-9 Lp		$2\cdot11$	ao 6 ot 12
UNITED TYPES TO LO GWZ DOSOTI	PRO	OF OF CLAIM	/3.11 · Τα	gc 0 01 12
Name of Debtor	Case Nu	mber		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative earising after the commencement of the case A "request" for payme administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Address 11321241000 KAREN E SASS IRA 250 RIVER FRONT DR RENO NV 89523-8945)712	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTE ONE OF THE DE If you have all Bankruptcy Cour	ready filed a proof of claim with the t or BMC you do not need to file again
Creditor Telephone Number ()		count	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifie	es debtor	Check here replace or if this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death		enefits as defined in 11 U S alaries, and compensation (Unremitted principal Other claims against services
Services performed Taxes Money loaned Other (describe briefly)		digits of your SS # ompensation for services pe	rformed from	(not for loan balances)
2 DATE DEBT WAS INCURRED	3 JE C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes				the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it or if c) none or only part or entitled to priority		a right of setoff)		ured by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of Real Estate	Motor Vehicle	. Пот
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ 27	500,000
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	s <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B		Up to \$2 225* of deposits toward services for personal family of		
Wages salanes, or commissions (up to \$10 000)* earned within 180 do before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	ays 	Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjust	stment on 4/1/07 a	and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	\$ 50.	with respect to cases comment	iced on or after the	\$ 50.000
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to	•	ecured)	(pnority) mized statement	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS Attach copies of supporting de running accounts, contracts, court judgments, mortgages, securi	locuments, su	ch as promissory notes, pure s, and evidence of perfection	chase orders, in	voices, itemized statements of
DOCUMENTS If the documents are not available, explain If the B DATE-STAMPED COPY To receive an acknowledgment of proof of claim	f the filing of y	our claim, enclose a stampe	d, self-addresse	d envelope and copy of this
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnerships governmental units)	pm, prevailın	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BMC Grou	DR OVERNIGHT DELIVERY TO IP CM Claims Docketing Cente	r u	ED OCT 0 2 2006
P O Box 911 El Segundo, CA 90245-0911	1330 East El Seguno	Franklin Avenue lo, CA 90245		USA CMC
SIGN and print the name and title if any of this claim (attach copy of power of all the copy of	of the creditor or ittoriey, if any)	other person authorized to file		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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Case	06-10725-awz	Doc 8443	<u>-3 Ent</u>	ered 06/13/11 15:5	<u>3:11 </u>	e 7 of 12	
			PRO	OF OF CLAIM	J		
Name of Debtor // //	Carried are a dillide	and course Co	Case Nu	mber			
A Disea County	land Essentate	of here	1	1 1011610	9		
Name of Debtor 115,AC Re: Placer County C Place	Thana specificals	151	BK-3	5-06-10725 KBR			
NOTE See Reverse for List	of Debtors Sed Case Num	nhers					
This form should not be used	to make a claim for an ad	iministrative ex		Check box if you are			
ansing after the commencem	ent of the case A "reque	st" for payment	of an	aware that anyone else has filed a proof of claim relating			
Name of Creditor and		5 C § 503		to your claim Attach copy of statement giving particulars			
Name of Creditor and		1132124100130	00	Statement Giving particulars			
SB WRIGHT		110212410010	00	Check box if you have never received any notices			
TRUST DATE				from the bankruptcy court or		IS PROOF OF CLAIM I	
	B WRIGHT & SUSAN D	WRIGHT TRUS	STEES	BMC Group in this case	SECURED INTER	EST IN A BORROWER BTORS.	R THAT IS NOT
3983 S MCC/ RENO NV 89	ARRAN BLVD 9502-7510			Check box if this address differs from the address on the		eady filed a proof of clai	m with the
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10110	111		envelope sent to you by the	Bankruptcy Court	or BMC, you do not nee	ed to file again
Creditor Telephone Number (7137		court.	THIS SPAC	E IS FOR COURT U	ISE ONLY
ast four digits of account or	other number by which cr	editor identifies	debtor	Check here replain on amer	. a previously	filed claim dated	
1 BASIS FOR CLAIM		Γ	Retiree l	penefits as defined in 11 U S		Unremitted prin	ncipal
Goods sold	Personal injury/wron	ngful death		salanes, and compensation (•	Other claims a	•
Services performed	Taxes	L		digits of your SS #	out botty	(not for loan ba	lances)
Money loaned	Other (describe brief	fly)		compensation for services pe	rformed from	to	
				•		(date)	(date)
2. DATE DEBT WAS INCUR	RED		3 IF C	OURT JUDGMENT, DATE O	DBTAINED		
4. CLASSIFICATION OF CL		e box or boxes th	at best descr	be your claim and state the amo	unt of the claim at t	he time case filed	
See reverse side for important UNSECURED NONPRIORIT	-			SECURED CLAIM			
	s no collateral or lien securing	g vour claim, or t	o) vour claim	Check this box if y	our claim is secui	red by collateral (incl	uding
exceeds the value of the pr	roperty securing it, or if c) non			a nght of setoff)			
entitled to priority UNSECURED PRIORITY CL	AIM			Bnef description of			
	an unsecured claim all or pa	rt of which is		Real Estate	Motor Vehicle	Other	
entitled to priority				Value of Collateral	\$		
Amount entitled to priority Specify the priority of the cl	\$			Amount of arrearage a secured claim, if any	nd other charges \$ <u>146</u> .	at time case filed in	cluded in
Domestic support obligation	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits tow	ard purchase lease	, or rental of property o	r
	ssions (up to \$10,000)* earn		/s	services for personal family,	or household use -1	1 U S C § 507(a)(7)	
before filing of the bankrup business whichever is earl	tcy petition or cessation of the lier - 11 U S C § 507(a)(4)	e debtor's	L	Taxes or penalties owed to go		•	
	ee benefit plan - 11 USC §	507(a)(5)	L	Other - Specify applicable par	• .		Danie
				* Amounts are subject to adju with respect to cases comme			ner
5 TOTAL AMOUNT OF CLA	VIM \$	\$	74	16,52 \$		\$ 746.	52
AT TIME CASE FILED	(unsecu	red)	(:	secured)	(priority)	(To	ital)
Check this box if claim incl	udes interest or other charg	es in addition to	the principal	amount of the claim Attach ite	emized statement o	of all interest or addition	nal charges.
6 CREDITS: The amount of	• •				• •		
7. SUPPORTING DOCU	MENTS Attach copies of	f supporting do	cuments. s	uch as promissory notes, pur	chase orders, inv	oices, itemized state	ments of
				s, and evidence of perfection are voluminous, attach a su		I SEND URIGINAL	
	•	•		our claim, enclose a stampe	•	d envelope and copy	of this
proof of claim				,			
ACCEPTED) so that it is	actually received on or	before 5 00 p	m, prevailır	or hand delivered (FAXES I ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FO USE ON	
for each person or entity governmental units)	y (ıncluding individuals,	, partnerships,	corporatio	ons, joint ventures, trusts a	nd		
BY MAIL TO BMC Group	-		BY HAND	OR OVERNIGHT DELIVERY TO	o		
Attn USACM Claims Doc	keting Center		BMC Gro Attn USA	up ACM Claims Docketing Cente	er e	FILED SEP	2 2 2000
P O Box 911	044		1330 Eas	st Franklin Avenue		I ILLU SLP	A 17 LUU(
El Segundo, CA 90245-0		nd title if any of		do, CA 90245 r other person authorized to file			
9/25/01	this claim (attach cop	by of power of atte	omey if any)	, suite personal dispersion to the	1 - //	110	2A CN40
1/23/00	Masulk			. Kenon Ilki	MATE STATE		SA CMC
	Melvin Bruce	Wright.	Trastee	Susan DiWris	L. Trustee	1072	2500324
	ANI GIOING ION AGE	9.3		9			

and deliterate and first our first our deliteration with your time as an entering of

Cana 96-1072F awy Dan 9442	3 Fn	ered 06/13/11 15	<u>:53:11 P</u>	age 8 of 12
2) 2100 00 10120 gnz 2000 0110	PRO	OF OF CLAIM		ago o oi iz
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address 1132124203859	1	statement giving particulars Check box if you have	DEBTORS YOU OF CLAIM THIS	DO <u>NOT</u> HAVE TO FILE A PROOF S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT
SEDLAK ALVINA 7840 E CAMELBACK RD #203 SCOTTSDALE AZ 85251		never received any notices from the bankruptcy court or BMC Group in this case		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
	,	Check box if this address differs from the address on the envelope sent to you by the court	If you have all Bankruptcy Cour	ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number () 480 - 945 - 047 Last four digits of account or other number by which creditor identifies of	debtor		THIS SPAC	CE IS FOR COURT USE ONLY
	Jebloi	Check here replace or or amen	a previous	y filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes		alaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #		· ·
PACER VINE VARDA	Unpaid d	ompensation for services pe	rrormea from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	pe your claim and state the amo	unt of the claim at	the time case filed
See reverse side for important explanations		SEÇURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)	vour claim	Check this box if yo	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	!
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority		Value of Collateral	\$ 31,	500,000+
Amount entitled to priority \$		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Specify the priority of the claim	_	secured claim if any	D	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Ц	Up to \$2 225* of deposits toward services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors		Taxes or penalties owed to go		• ()()
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable para	agraph of 11 U S C	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases comment		
5 TOTAL AMOUNT OF CLAIM \$ \$ F	50.00	OPLUS \$	ood on or anor the	\$ 570,000 01 15
AT TIME CASE FILED (unsecured)	500 (se	ecured V V CCC	(priority)	12 570 (Total) NHONG
Check this box if claim includes interest or other charges in addition to the	e principal a	mount of the claim Attach ite		of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments, mortgages security a	<i>iments,</i> sur	ch as promissory notes pure and evidence of perfection	chase orders inv	voices itemized statements of
DOCUMENTS If the documents are not available explain. If the d			•	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim The original of this completed proof of claim form must be con-		·		
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	, prevailing	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO)	
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Cente	r	NOV 1 9 2006
P O Box 911 El Segundo CA 90245-0911		Franklin Avenue o, CA 90245		FILED NOV 1 3 2006
DATE SIGN and print the name and title if any of the	e creditor or			USA CMC
10/1/2006 alvina agails Sed		TRUSTEE OF TI	te	1072501302

Form B10 (Official Form 10)					
UNITED STATES BANKRUPTCY COURT - DISTRICT OF NEV	PROOF OF CLAIM-Chapter				
Name of Debtor USA Commercial Mortgage Company	Case Number (This space for court use) BK-06-10725-LBR				
NOTE This form should NOT be used to make a claim of an administrative expense and A request for payment of an administrative expense may be filed pursuant to 1.1 U.S.C.	ing after the commencement of the case Section 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Shelley Wike Cranley, Trustee Name and Address where notices should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars				
Shelley W Cranley 174 Mont Blanc Way Las Vegas, NV 89124-9122	Check box is you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court				
Telephone No See Attached					
Account or other number by which creditor identifies debtor Placer Vineyards	Check here if this claim replaces amends a previous	usly filed claim, dated			
1 BASIS FOR CLAIM ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal mjury / wrongful death ☐ Taxes	☐ Retire benefits as defined m 11 U S C ☐ Wages salaries and compensation (F) Your Social Security # Unpaid compensation for services pe (date) To (date)	§ 1114(a) ILL OUT BELOW)			
2 Date Debt was incurred 11/23/2004	3 If court judgment, date obtained				
4 Total amount of claim at time case filed \$100,000 (Unsecured) \$ If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 to Check this box if claim includes interest or other charges in addition to the principal.	(Secured) \$(Priority) <u>\$100,000</u> below	(Total)			
Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral Real Estate	6 Unsecured Priority Claim ☐ Check this box if you have an unse Amount entitled to priority \$				
Other	bankruptcy petition, or cessation of the debtor's business whichever is earlier – 11 USC § 507(a)(3) Contributions to an employee benefit plan – 11 USC § 507(a)(4)				
Value of collateral \$ Amount of arrearage and other charges at time case filed included in secured claim, if any	☐ Up to \$2 100* of deposits toward purchase lease or rental of property Or services for personal family or household use −11 U S C § 507(a)(6) ☐ Alimony maintenance or support owed to a spouse former spouse or child −11 U S C § 507(a)(7) ☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)				
\$		paragraph of 11 U S C § 507(a)() 4/1/98 and every three years thereafter with respect e of adjugment			
7 Credits The amount of all payments on this claim has been credited and deducted for 8 Supporting documents Attach copies of supporting documents. Such as promissor statements of running accounts contracts court judgments mortgages security agreed DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available expattach a summary. 9 Date Stamped copy to receive an acknowledgment of the filing of your claim, enclosively and a copy of this proof of claim.	y notes purchase orders invoices itemized ments and evidence of perfection of hen plam. If the documents are voluminous	(This space for court use)			
Date Sign and print the name and title, if any of the creditor (attach copy of power of attorney if any) William WKO Mbuller She	•				
THE TRANSPORT OF THE PROPERTY	and arrived any at any	1			
Penalty for presenting frieudulent claim, Fine of up to \$500,0	elley Wike Cranley, Trustee				

FILED NOV 0 9 2006



Case 06-10725-aw	7 Doc 9/1/2-2 Ent	tarad 06/12/11 15:5°	2·11 Dan	10 of 12
unneder/state Case 0641(725-lor Claim	OF OF CLAIM	Page 1991	410 01 12
Name of Debtor	Name of Debtor Case Num			
USA COMMERCIAL MO	etsase co			
NOTE See Reverse for List of Debtors and Cas This form should not be used to make a claim for arising after the commencement of the case A " administrative expense may be filed pursuant to	an administrative expense request" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
GENE SMITH & EMILY SMITH 419 SHIPLEY DR YERINGTON NV 89447-2632	11321241003259	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (775 - 46	3-2073	court		E IS FOR COURT USE ONLY
Last four digits of account or other number by wh		Check here replace	a previously	filed claim dated
1 BASIS FOR CLAIM	Пъ			П.:
	/wrongful death	benefits as defined in 11 U S		Unremitted principal
☐ Services performed ☐ Taxes	wages,	salaries, and compensation (in a salaries, and compensation (in a salaries)	iiii out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describ		compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED //- / 7-	- 05 3 IF O	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appl				he time case filed
See reverse side for important explanations		SECURED CLAIM		1
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien sexceeds the value of the property securing it or if		Check this box if you a right of setoff)	our claim is secui	red by collateral (including
entitled to pnority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim al	or part of which is	Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ 25	,000-00
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any	\$	
Domestic support obligations under 11 U S C § 5	_	Up to \$2 225* of deposits towas services for personal, family of		
Wages salaries or commissions (up to \$10 000)* before filing of the bankruptcy petition or cessation business whichever is earlier 11 U S C § 507(a	n of the debtor's	Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U 3	```	Other Specify applicable para	•	
Contributions to an employee benefit plan.	20 300/(0)(0)	* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	\$ 26,0	857.60\$		\$
1	nsecured) (secured)	(pnonty)	(Total)
Check this box if claim includes interest or other	charges in addition to the principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on the SUPPORTING DOCUMENTS Attach cour running accounts, contracts, court judgments. DOCUMENTS If the documents are not available. 8 DATE-STAMPED COPY To receive an account of the support of t	nes of supporting documents, s mortgages, security agreemen lable, explain If the documents	uch as promissory notes, purd ts, and evidence of perfection s are voluminous attach a sur	chase orders, inv of lien DO NO mmary	orces, itemized statements of T SEND ORIGINAL
proof of claim				I
The original of this completed proof of cla ACCEPTED) so that it is actually received for each person or entity (including individ	on or before 5 00 pm, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO)	
BMC Group Attn USACM Claims Docketing Center		ACM Claims Docketing Cente	r	
P O Box 911 El Segundo, CA 90245-0911	1330 Eas	st Franklin Avenue ido, CA 90245		
DATE SIGN and print the na	ame and title, if any of the creditor of	or other person authorized to file		
this claim (atta	ch copy of power of attorney if any)	Vene griff		
BENE + C	MILY SMITH	Emy Smi	th	

Case 06-10725-gwz Doc 8443-3 Entered 06/13/11 15:53:11 Page 11 of 12

FORM BIU (Official Form 10) (10/05)		A TOTAL OF A STATE OF
United States Bankruptcy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S-06-10725 LBR	
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owe:TURNER DEVELOPMENT, LLC, a California limited liability company	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Nome and address Where notices should be sante. CA 92869	Check box if you have never received any notices from the bankruptcy court in this case.	
(7/ 7) 356 -0 699 Telephone number (714) 516-0935	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: N/A	Check here replaces if this claim amends a previously filed of	claim, dated:
I. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other -	Retiree benefits as defined in 11 Wages, salaries, and compensation Last four digits of your SS #: Unpaid compensation for services from	on (fill out below) es performed
2. Date debt was incurred: 12/10/04	3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	Secured Claim Check this box if your claim is so a light of setoff). Brief Description of Collateral: Real Estate Motor Vely Value of Collateral: Value of Collateral: Amount of arrearage and other charge secured claim, if any: Up to \$2,225* of deposits toward purch or services for personal, family, or house \$507(a)(7). Taxes or penalties owed to governmental or's *Amounts are subject to adjustment on 4/1/0 with respect to cases commenced on or cases.	hicle Other-NOWN as at time case filed included in VN hase, lease, or rental of property ehold use - 11 U.S.C. al units - 11 U.S.C. § 507(a)(8). The state of adjustment.
 Total Amount of Claim at Time Case Filed: Check this box if claim includes interest or other charges in adinterest or additional charges. 		
	tents, such as promissory notes, purchase acts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS. If the minous, attach a summary. It is got your claim, enclose a stamped, self-the creditor or other person authorized to mey. To z new Development Course. If any):	HIS SPACE IS FOR COURT USE ONLY

	Case 0	6-10725-g	w <u>z</u> _ Doc 8443	3-3 Ente	red 06/13	/11 15:53	:11 Page	12 of 12
		Case ub-11	u <i>r</i> 25-ibr — Ciai	PRO	OF OF	CLAIM	rage i oi	19
•								
Nai	me of Debtor:			Case No	ımber:		ł	
Itai	ne of Deptor.			1		IRP		
ļ.,	- A A		-		10725-			
4.	FA CommERC FE: See Reverse for List	IAL MOR	19AGE COMPA	Ny	Y			
	i E: See Reverse for List is form should not be used			expense	Check box	if you are	1	
arisi	ng after the commencem	ent of the case.	A "request" for paym	ent of an	aware that any			
	inistrative expense may I		110 11 0.5.0. 9 503.		to your claim.	Attach copy of		
NS	me of Creditor and	Address:	1132124100	11148	statement givin	ig particulars.	ļ	
	THE KENNE	TH H & PHYLLI	S P WYATT FAMILY		Check box	if you have		
	C/O KENNET	TH H WYATT &	PHYLLIS P WYATT T		from the bankri	uptcy court or		HIS PROOF OF CLAIM FOR A
	PO BOX 370	400 NV 89137-0400	n		BMC Group in		ONE OF THE D	REST IN A BORROWER THAT IS NOT EBTORS.
	210 120/10	147 00107 040	•			if this address address on the	, ,	lready filed a proof of claim with the
			A / A / A		envelope sent to court.	to you by the	1 ' '	rt or BMC, you do not need to file again. CE IS FOR COURT USE ONLY
	ditor Telephone Number t four digits of account or		804-1832	fles debtor:				CE IS FOR COOK! USE ONL!
Las		Otto Hambar of	y willow Godico Tootto	1100 000101.	Check here if this claim	= 0	 a previous 	ly filed claim dated:
_	5311 ASIS FOR CLAIM							
	Goods sold	Personal in	njury/wrongful death		benefits as defi			Unremitted principal
=	Services performed	Taxes	njos yr mongiai adairi		salaries, and c		fill out below)	Other claims against service: (not for loan balances)
	Money loaned	Other (des	scribe briefly)		r digits of your		rformed from-	04/01/06 to 11/01/06
		UNREME	TTED THIERE	EST Cripaid	oompensuuon i	or services pe	nomou nom.	(date) (date)
2. C	ATE DEBT WAS INCUR	RED:		3. IF C	OURT JUDGN	MENT, DATE C	BTAINED:	
	LASSIFICATION OF CL		appropriate box or boxe	s that best desc	ribe your claim ar	nd state the amo	unt of the claim a	t the time case filed.
1	ee reverse side for important SECURED NONPRIORI				SECURE	ED CLAIM		
	Check this box if: a) there i	s no collaterat or li	ien securing your claim, o	or b) your claim	1 15-24	-	our claim is sec	ured by collateral (including
	exceeds the value of the prentitled to priority.	roperty securing it,	or if c) none or only part	of your claim is	anig	ht of setoff).	5 II-4I-	
UN	BECURED PRIORITY CL	AIM			I	f description of		tle Other TNTEREST
	Check this box if you have	an unsecured clair	m, all or part of which is			Real Estate		_
	entitled to priority.					e of Collateral	-4-	,000.00
	Amount entitled to priority	\$			Amount	of arrearage a claim, if anv:	nd other charge \$ <u>4,253</u>	s at time case filed included in
	Specify the priority of the control		: 6 507/a\/1\/A\ or /a\/1\	(B) [
	Wages, salaries, or commi			-				se, or rental of property or -11 U.S.C. § 507(a)(7).
	before filing of the bankrup business, whichever is earl	tcy petition or cess	sation of the debtor's		Taxes or pena	alties owed to go	overnmental units	- 11 U.S.C. § 507(a)(8).
	Contributions to an employ	•			•	,	•	.C. § 507(a) ().
	oonabadona to an employ		3 00 (0)(0).		" Amounts an with respect t	e subject to adju o cases comme	stment on 4/1/07 nced on o <u>r after ti</u>	and every 3 years thereafter se date of adjustment.
	OTAL AMOUNT OF CL	AIM \$		\$ 54,2	53.44	\$		\$ 54,253,44
'	AT TIME CASE FILED:		(unsecured)		(secured)		(priority)	(Total)
	Check this box if claim incl	ludes interest or o	other charges in addition	to the principa	amount of the o	claim. Attach ite	emized statement	t of all interest or additional charges.
6.	CREDITS: The amount of	of all payments of	on this claim has beer	credited and	deducted for th	e purpose of r	naking this proc	of of claim.
7.	SUPPORTING DOCUI running accounts, contra-	MENTS: Attach	copies of supporting	documents, s	uch as promise	sory notes, pur	chase orders, in	nvoices, itemized statements of
	DOCUMENTS. If the doc	cuments are not	avallable, explain. If	the document	s are voluminos	us, attach a su	mmary.	OT SEND ONIGINAL
		Y: To receive	an acknowledgment	of the filing of	your claim, end	lose a stampe	d, self-address	ed envelope and copy of this
L	proof of claim.							
	The original of this com ACCEPTED) so that it is							THIS SPACE FOR COURT USE ONLY
	for each person or entit	y (including in	dividuals, partnershi	ps, corporati	ons, joint vent	ures, trusts a	nd	332 3.32
	governmental units). BY MAIL TO: BMC Group				OR OVERNIGH	T DELIVERY TO	o:	
	BMC Group Attn: USACM Claims Do	cketing Center		BMC Gr Attn: US	oup ACM Claims D	ocketing Cente	er	
	P. O. Box 911			1330 Ea	st Franklin Ave	•		
DA	El Segundo, CA 90245-0 TE		the name and title, if any		ndo, CA 90245 or other person a	uthorized to file	· · · · · · · · · · · · · · · · · · ·	-
			(attach copy of power of			TOTAL EDG TO ING		
-	11/02/06	11-	24 41.5	TA.	15 A			